

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11664

State File No. \_\_\_\_\_

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 93

1. PLACE OF DEATH

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 21 Days Hosnt  
(Specify whether  
In this community 21 Days  
years, months or days)

3. (a) PRINT

FULL NAME Maude Lenora Swearingen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mark Twain 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 4th 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shelby County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Thomas T. Ellington

13. Birthplace dont no 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Winders

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant W.C. Swearingen

(b) Address Jefferson City Mo

17. (a) Removal (b) Date thereof March 15 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jude's Cemetery

18. (a) Signature of funeral director Wilson & Son 488

(b) Address Monroe City, Mo

19. (a) 3-15-40 (b) St. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe City  
(If outside city or town limits write "RURAL")

(d) Street No. 301 5th Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept. 1939  
\_\_\_\_\_ 19 \_\_\_\_\_ to March 14 1940  
that I last saw him alive on March 13 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Acidosis Duration 1 wk

Due to Medullary Carcinoma Stomach 2 months

Due to Chr. Undulant Fev. 1 yr  
Chr. Gall Bladder Disease 10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Duetzmann MD (M. D. or other)

Address Hannibal Mo. Date signed 5/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Leslie L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Memphis City, TN*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**